

Six refresher courses to choose from at Montreal annual meeting

The new format for the scientific program at this year's C.M.A. annual meeting will feature a series of presentations in the first part of the week

(June 12-17) covering areas of the business of medicine. The second half of the scientific program, which will run concurrently with General Council on Wednesday and Thursday mornings, consists of refresher courses at six of Montreal's well known research and treatment centres. Physicians may register for any two of the courses and will attend on successive mornings at the centres of their choice. Since each centre can accommodate a limited number of persons, physicians are encouraged to pre-register as soon as possible with Dr. Guy Joron, Quebec Medical Association, 1350 Sherbrooke Street West, Suite 1410, Montreal, P.Q.



The Rehabilitation Institute of Montreal: Participants will have an introductory presentation about programs and facilities completed by a film on more specific activities involving patients. Following a coffee break, there will be a visit to the wards and various services. At the end of the program the group will assemble again for a question-answer period. Time — 9.15 a.m., Wednesday. Speakers are Dr. Maurice Mongeau; Marcelle Laurendeau, R.N., nursing stations; Louise Coderre, M.A., speech therapy; Jeanette Hutchison, O.T., occupational therapy; M. Ghandi, P.T., physical therapy; Pierre Letourneau, L.P.s., psychology; Claire Janelle, M.S.W., medical social service; Camille Cariveau, C.P.O., prosthetics and orthotics; Dr. E. David Sherman, medical research. A total of 150 participants can be accommodated.

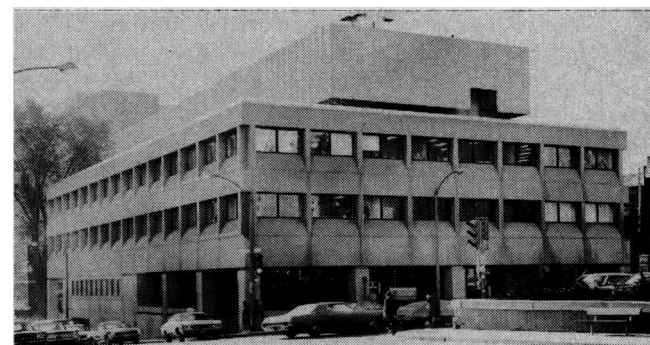


Montreal Children's Hospital: Thursday. 9.00 a.m., Dr. M. E. Avery, recent developments in newborn research; 9.15, Dr. Leo Stern, diagnosis and management of newborn respiratory problems, current practice; 9.30, Dr.

Ling and Dr. Donald Clogg, hearing tests in children; 9.50, Dr. Charles Scriver, the application of knowledge to patients with genetic disease; 10.15, coffee; 10.30 visits and consultation re neonatal intensive care unit, biochemical genetic department, tissue culture laboratory, infectious diseases, clinical pharmacology, allergy and clinical immunology, cardiology, respiratory function, dermatology, endocrinology, hematology, neurology, high risk infants and follow-up, psychiatry. Places for 150 are available.



The Montreal Heart Institute: Wednesday. 9.00, Dr. Paul David, coronary heart disease; 9.15, natural history of coronary heart disease—clinico-angiographic correlation, Dr. Ihor Dryda, Dr. Robert Petitclerc; 9.35, myocardial revascularisation, Dr. Yves Castonguay, Dr. Claude Grondin, Dr. Pierre Grondin; 10.35, coffee; 10.50, long term follow up of aorto-coronary shunts, Dr. Martial Bourassa, Dr. Jacques Lesperance; 11.50, when should surgical revascularisation be considered for the coronary patient, Dr. Lucien Campeau. The Institute can handle up to 85 persons on this course.



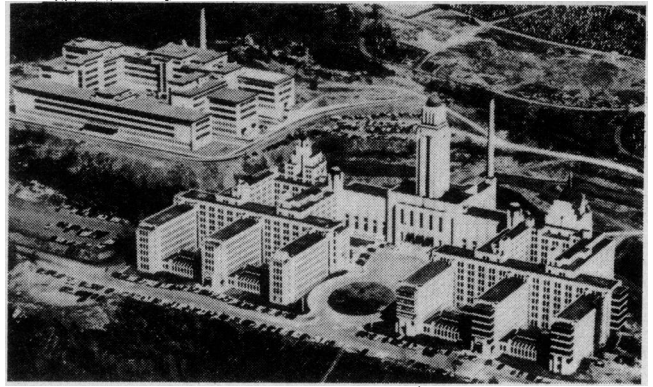
Clinical Research Institute of Montreal: Thursday. 9.15 a.m., Dr. Keith Dawson, investigation of the hypertensive patient; 9.45, Dr. Jacques Genest, recent advances in hy-

pertension research; 10.15, Dr. Otto Kuchel, treatment of patients with essential hypertension; 10.45, coffee; 11.00, question and answer period on problems related to presentations or to the field of hypertension. There is room on the course for 140 persons.



McGill University, McIntyre Medical Sciences Building: Title of the course is "Something old and some things new at McGill". Time — 9 a.m., Thursday. In the program, each presentation lasting 17-20 minutes: The Osler library at McGill, Dr. Donald Bates; The Carcino-embryonic antigen and intestinal cancer, Dr. Samuel Freedman; The present status of transplantation at Mc-

Gill, Dr. Ronald Guttman; Shock and infection, Dr. Lloyd MacLean; Surgery for obesity, Dr. Henry Shibata.



The Institute of Experimental Medicine and Surgery: As a preparation for the visit to the laboratories, Dr. Hans Selye, Director of the Institute, will receive the course participants in a lecture room, and present a brief outline of the major research projects performed by his group. Principal emphasis will be placed on the development of the stress concept and its present status. Time of the course — 9.15 a.m., Wednesday. Speakers will be Dr. Hans Selye, Beatriz Tuchweber, Ph.D., Dr. Sandor Szabo, Dr. Gyula Zsigmond, Jurgen Werringloer, Ph.D., and Panagiotis Kourounakis, Ph.D. There are places for 200 participants.

Ladies program/Programme des dames

An interesting and varied program awaits the wives of doctors who will be attending the annual meeting of the Canadian Medical Association in Montreal, June 11 to 17. Every effort is being made to provide a real welcome and introduction to what must be one of Canada's most lively and cosmopolitan cities. At a time when so much attention is focused on Quebec, the committee organizing the women's activities hopes to serve a useful function in presenting their city and province to visitors from other parts of Canada.

In this spirit, all the items on the program of activities have a definite Quebecois flavour. The hospitality room at the disposal of all registrants will provide, in addition to coffee, information and assistance to those unfamiliar with the delights of Montreal — her museums and galleries, the Expo site, boutiques and couturiers, the underground city and restaurants of international cuisine.

There will be a walking tour of Old Montreal on **Monday June 12**, during which guides will escort participants through that part of the city which saw so much of Canada's early history enacted. With the efforts in recent years to preserve and restore sites of great charm and curiosity, Old Montreal has become known widely for its beauty, flavour of antiquity, shops and restaurants. Following the walk, luncheon will be served by l'Auberge du Vieux St-Gabriel, in an atmosphere of bygone days.

Tuesday, June 13 will feature a designers' show and luncheon, with selected pieces from the summer collection of the acclaimed Montreal couturier Michel Robichaud and superb fur fashions by Grosvenor Canada, as presented throughout Europe by the Canadian Department of Trade and Commerce, to demonstrate the excellence of Canadian furs.

A l'occasion du Congrès Annuel de l'Association médicale canadienne tenu à Montréal du 11 au 17 juin, un programme intéressant et varié sera présenté aux épouses des médecins.

Montréal a beaucoup à offrir et au Salon d'Accueil où l'on servira le café, on pourra obtenir des renseignements au point de vue d'arts, de musées, d'emplettes, de visites de boutiques, de couturiers, de restaurants renommés, de Terre des Hommes, etc.

Lundi le 12 juin — une visite à pied du Vieux Montréal par des guides émérites donnera l'occasion aux participantes de s'imbiber de notre histoire et de visiter des boutiques. A la suite de cette visite un déjeuner sera servi à l'Auberge le Vieux St-Gabriel dans une atmosphère vieillotte bien charmante.

Mardi le 13 juin — un défilé de mode et déjeuner à l'Hôtel Reine-Elizabeth où M. Michel Robichaud, couturier canadien réputé, présentera sa collection d'été et Grosvenor Canada présentera une collection de fourrures (laquelle collection a été présentée en Europe récemment).

Mercredi le 14 juin — une magnifique excursion d'une journée à ville d'Estérel. La ville d'Estérel est située au coeur des Laurentides, et sise sur trois grands lacs autour desquels sont aménagées de somptueuses villas. Des résidents de la ville se feront un plaisir de vous accueillir dans leur villa pour une visite. Les participantes auront aussi un choix de jouer au golf, de ce baigner ou tout simplement d'admirer la nature. Cette excursion comprend un déjeuner à l'Hôtel où l'on servira du saumon frais, un coq-au-vin bourguignon et un délice au sirop d'érable.

On **Wednesday, June 14**, there will be a day excursion into the Laurentians to Ville d'Esterel, where sumptuous villas encircle three large lakes, and where visitors will be able to play golf or tennis, swim in pool or lake, dine on fresh Gaspé salmon, and enjoy the beauties of the countryside. Moreover, several magnificent homes in the estate will be opened to guests, who will be able to admire their exceptional architecture, rare furnishings, and fine collections of art.

"Quebec Today" is the subject to be discussed on **Thursday June 15** by distinguished panelists whose views are significant to anyone wishing to understand the province. Among them are René Lévesque, Solange Chaput-Rolland, Keith Spicer, Sister Ghislaine Roquet, and Eric Kierans. No doubt the audience for this event will include many doctors, as well as their wives, due to the widespread interest in the panelists and their topic.

Jeudi le 15 juin — un colloque sera tenu à l'Hôtel Reine-Elizabeth. Ont accepté de participer: M. René Lévesque, Madame Solange Chaput-Rolland, M. Keith Spicer, Soeur Ghislaine Roquet et M. Eric Kierans. Le sujet: "Quebec today". Avec un tel sujet et de tels noms on suscitera certainement l'intérêt des médecins.

Les épouses des médecins seront chaleureusement accueillies par les membres du Comité Féminin qui n'épargneront aucun effort pour rendre leur séjour agréable dans notre belle métropole.

All in all, the CMA Meeting 1972 in Montreal should provide a very special opportunity for medical wives to become familiar with a fascinating city and province, to which their Montreal hostesses wait to welcome them warmly.

To avoid disappointments please indicate your intention to attend the following events:

- ☐ Walking tour of Old Montreal
- ☐ Fashion Show — tickets \$10
- ☐ Summer outing in the Laurentians — tickets \$10
- ☐ Panel discussion: "Quebec Today"

and forward to

Mrs. C. Javicoli
5626 boul. Maurice Duplessis
Montreal North 461, P. Que.

Evitez d'être déçue; indiquez ci-dessous les activités auxquelles vous projetez assister:

- ☐ Visite à pied du Vieux Montréal
- ☐ Défilé de Mode — billets \$10
- ☐ Visite estivale dans les Laurentides — billets \$10
- ☐ Colloque: Québec Aujourd'hui

et faite parvenir à

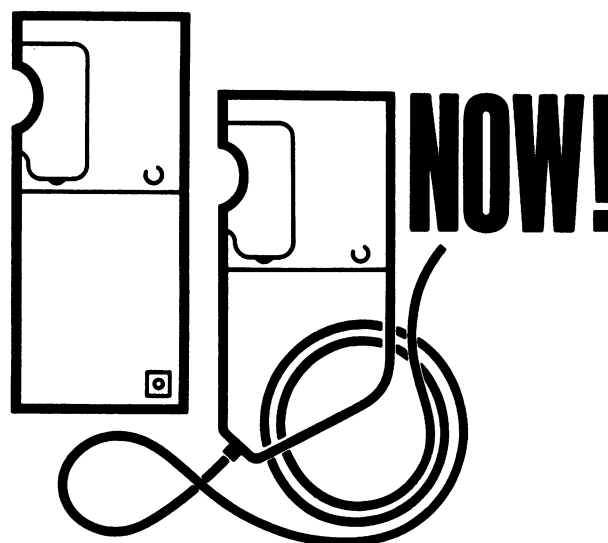
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Exercise caution in administering curare or its derivatives during Lasix therapy. Discontinue 1 week prior to elective surgery. Cases of reversible deafness and tinnitus have been reported when Lasix Parenteral was given at doses exceeding several times the usual therapeutic dose of 20 to 40 mg. Transient deafness is more likely to occur in patients with severe impairment of renal function and in patients also receiving drugs known to be ototoxic. **Precautions:** Inject Lasix Parenteral slowly [1 to 2 minutes] when i.v. route is used. Sodium intake should not be less than 3 Gm./day. Potassium supplements should be given when high doses are used over prolonged periods. Caution with potassium levels is desirable when on digitalis glycosides, potassium-depleting steroids, or in impending hepatic coma. Potassium supplementation, diminution in dose, or discontinuation of Lasix may be required. Aldosterone antagonists should be added when treating severe cirrhosis with ascites. As with any new drug, observe for the possible occurrence of blood dyscrasias, liver damage or idiosyncratic reactions. **Pregnancy:** Reproduction studies in animals have produced no evidence of drug-induced fetal abnormalities. Lasix has had only limited use in pregnancy and should be used only when deemed essential. Check urine and blood glucose as decreased glucose tolerance has been observed. Check serum calcium levels as rare cases of tetany have been reported. Patients receiving high doses of salicylates with Lasix may experience salicylate toxicity at lower doses. **Adverse reactions:** As with any effective diuretic, electrolyte depletion may occur especially with high doses and restricted salt intake. Electrolyte depletion may manifest itself by weakness, dizziness, lethargy, leg cramps, anorexia, vomiting and/or mental confusion. Check serum electrolytes, especially potassium at higher dose levels. In edematous hypertensives reduce the dosage of other antihypertensives since Lasix potentiates their effect. Asymptomatic hyperuricemia can occur and gout may rarely be precipitated. Reversible elevations of BUN may be seen especially in renal insufficiency. Dermatitis, pruritus, paresthesia, blurring of vision, postural hypotension, nausea, vomiting, or diarrhea may occur. Anemia, leukopenia, and thrombocytopenia [with purpura] and rare cases of agranulocytosis have occurred. Weakness, fatigue, dizziness, muscle cramps, thirst, increased perspiration, bladder spasm and symptoms of urinary frequency may occur. **Overdosage:** **Symptoms:** Dehydration and electrolyte depletion. **Treatment:** Discontinue drug and institute water and electrolyte replacement. **Dosage — Oral:** **Hypertension:** Usual dosage is 40 to 80 mg. [1 to 2 tablets] daily. Individualize therapy and adjust dosage of concomitant hypotensive therapy. **Edema:** Usual initial dosage is 40 to 80 mg. [1 to 2 tablets]. Adjust according to response. If diuresis has not occurred after 6 hours, increase dosage by increments of 1 tablet [40 mg.] as frequently as every 6 hours if necessary. The effective dose can then be repeated 1 to 3 times daily. A maximum daily dose of 200 mg. should not be exceeded. Maintenance dosage must be adjusted individually. An intermittent dosage schedule of 2 to 4 consecutive days each week may be utilized. With doses exceeding 120 mg/day, clinical and laboratory observations are advisable. **Dosage and administration — Parenteral:** Usual dosage is 20 to 40 mg. given as a single dose, injected i.m. or i.v. The i.v. injection should be given slowly [1 to 2 minutes]. Ordinarily, a prompt diuresis ensues. If diuresis is not satisfactory, succeeding doses may be increased by increments of 20 mg. 2 hours after the previous dose, until the required diuresis is obtained. The maximum recommended daily dosage is 100 mg. **Acute pulmonary edema:** Administer 40 mg. immediately by slow i.v. injection. May be followed by another 40 mg. 1 to 1½ hours later. **Supply:** Yellow, round, scored 40 mg. tablets [Code DL] in bottles of 50 and 500. Amber ampoules of 2 ml. in boxes of 5 and 50; 4 ml. in boxes of 50. Complete information on request.



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Brief submitted to committee on community health centre project

In March, CMA Board of Directors approved a brief on community ambulatory care facilities that had been prepared by the Council on the Provision of Health Care. It was submitted to a special committee under the chairmanship of Dr. John E. F. Hastings of Toronto that had been appointed by the Minister of National Health and Welfare to study the community health centre concept.

The brief noted that the major complaints directed against the present health care system are lack of accessibility, lack of availability and high cost. Apparent deficiencies that have been identified by past studies are a lack of coordination of services, probably due to the absence of effective regional or area planning; ineffective communications between and within health facilities; a lack of coordination between preventative and treatment services; and the fragmented organization of health and other social services.

Using these recognized deficiencies as a starting base the brief developed criteria for the development of better coordinated, more readily accessible ambulatory care services for the community. This concept maintained the better parts of the present system, recommended new facilities where necessary to encourage a closer working relationship between multi-disciplinary groups of providers, and strongly recommended that for the greatest effectiveness these and other health facilities should be integrated and coordinated on a regional basis.

The brief stated that the ownership and sponsorship of community health service facilities does not appear to be of major importance so long as there is no imposition of unreasonable or unnecessary restrictions and controls that might detract from the provision of good clinical care by health professionals. Four alternative methods by which private, community and government resources could be used in the development of a community health care system were suggested:

- By assisting in the expansion and upgrading of facilities available in presently established medical clinics to enable them to accommodate the other health and so-

cial services that are not presently included.

- Where feasible in smaller communities, by adding office accommodation for doctors, nurse practitioners, social service personnel and public health units to community hospital facilities.
- Where such facilities do not already exist in urban residential areas, and where they are considered to be needed, by providing incentives and assistance in the development of community health facilities that will encourage appropriate groups of health professionals, technologists and social service personnel to work together.
- Where the geographic or socio-economic environment does not attract on a voluntary basis the personnel required to provide good community health services and appropriate government agencies, with the assistance of voluntary health associations, should become involved in organizing, staffing and operating them.

CMA Councils meet

The Councils of the Association met in recent weeks at CMA House. Much of their efforts were directed towards the preparation of their reports to General Council which will be presented at the annual meeting in Montreal in June. This report is concerned with other items of business discussed at these recent meetings.

Council on Community Health Care

Provincial departments of health have been asked to supply details on their immunization procedures. It is intended to utilize this information as the basis for an article in CMA Journal which doctors can use in their practices as a guide.

Council was informed that some provinces had not yet reported whether they would participate in the therapeutic abortion reporting study of Statistics Canada. Nova Scotia has declined while Quebec and British Columbia had not given a decision and Ontario would only ask the

hospitals to participate when CMA and OMA official endorsement of the study was given. CMA has written to the Divisions and hospital commissions endorsing the scheme. Council's recommendations on therapeutic abortion reporting, approved by the Board of Directors, will be taken to General Council.

Terms of reference for the sub-committee on family life education have been decided. They will include:

- Area of family life education and how its absence or presence affects the practice of medicine (specifically the Department of General Practice in Halifax has been asked to review its cases for a couple of months to draw out those where there has been a major background of family life problems).

- Changing role of the family and its members, and the changing values that are being encountered.

- Role of medicine in regard to the family and what its pattern might be in the future.

The committee expects to develop at least four position papers.

The Council was host to Dr. Z. I. Sabry, National Co-ordinator of the Nutrition Canada Survey, who reported on progress of the survey. The survey is being carried out in all provinces, Yukon and N.W.T. An area is selected and is sampled twice, in different seasons. In each community selected households are picked at random. Individuals are selected to represent all age groups in both sexes. The survey is being supplemented by a transient youth survey to be completed by the end of October. The survey is expected to be complete by the end of this year.

Following its discussion with Dr. Sabry, Council passed a resolution urging that the appropriate bodies co-operate in a follow-up study of the children born to the pregnant women included in the original survey.

Council, following two enquiries relating to the subject, discussed pregnancy testing kits and their effectiveness. It was decided to obtain the opinions of organizations involved with the kits and their use and that if necessary the Council should raise the matter at General Council.

Council on Personal Services to Physicians

Council agreed to continue CMA involvement in organized travel arrangements in order to gain more experience. Future projects in this

area will place emphasis on group travel.

Arising out of studies of new tax legislation, Council agreed to amplify information providing financial, estate and tax planning for the physician with emphasis on general rather than specific problems. Council has instructed staff members to prepare a report on services the CMA should be able to provide to individual doctors on request.

Council also looked at a request from a physician for information regarding planning a suitable building for a group practice in a community which would include facilities for allied health services. Council was of the view that the CMA should try to assist doctors in both the planning of such centres and in obtaining the finances necessary to build them.

Council on Provision of Health Services

Council's sub-committee on pharmacy was instructed to consider the views of interested Affiliates at a special meeting on amphetamine use before reporting its conclusions

to Council for approval prior to Board consideration. The sub-committee will be preparing a statement for the Board that will act as a guideline to negotiations with the Department of National Health and Welfare over proposed new regulations regarding amphetamines. The sub-committee is co-operating with AM LFC in Quebec in order to provide efficient, practical and acceptable regulations and methods of control with respect to use of amphetamines.

While the federal government at this stage is interested in setting up regulations to deal with a particular problem — abuse of amphetamines — the sub-committee on pharmacy tends to have a much broader view of the situation. Beyond the present problem, the sub-committee sees the whole area of rational usage of drugs in general as within its terms of reference. Particularly, the subcommittee will study the problem of updating physicians' knowledge with respect to the ever-increasing complexity of drug therapy. A series of articles is to be published in CMA Journal as a means of helping to solve this problem.

French-English family exchange / Echange familial anglophone-francophone

The CMA is organizing a summer vacation exchange between families of French and English speaking physicians. Individual members of families or entire family groups may apply to be "paired" with a French speaking family with a view to learning more about the language and culture of Quebec. Each family group will spend part of its summer vacation with its Quebec hosts and will also receive the Quebec family as guests in its own home during another part of the summer.

CMA Executive Secretary B. E. Freamo is co-ordinator for the scheme. He would like interested doctors to write to him at CMA House, P.O. Box 8650, Ottawa, Ontario K1G 0G8, supplying the following details: dates when exchange visits can take place; number of persons in your family group (give ages of children); number you would be prepared to receive as guests.

Des échanges sont présentement organisés durant les vacances estivales par l'Association médicale canadienne entre des familles de médecins de langue anglaise et française. En vue d'approfondir vos connaissances lexicales et culturelles dans la langue seconde, une seule personne ou les membres d'une même famille peuvent demander à participer à ces échanges culturels. Les membres d'une famille seront les invités d'une autre famille, qui à leur tour pourront séjourner chez leurs invités.

Monsieur B. E. Freamo, secrétaire exécutif de l'Association médicale canadienne, est le coordonnateur de ce projet. Tous les médecins intéressés n'auront qu'à lui écrire à: L'Association médicale canadienne, boîte postale 8650, Ottawa, Ontario K1G 0G8, tout en fournissant les renseignements suivants: la date de ces visites; le nombre de participants dans votre famille (mentionnez l'âge des enfants); le nombre d'invités que vous pourrez loger.

Council on Economics

The sub-committee on methods of payments to physicians presented its report following its study of various methods, their advantages and disadvantages. Its conclusion was that while there is a place in medicine for fee for service, it is not the only answer in all cases. Different methods should be investigated for unusual circumstances and the profession should keep an open mind on the matter.

Council organized a conference of Divisional tariff committee representatives. Each Division sent at least one representative who is involved in the development of fee schedules. In addition a number of knowledgeable individuals were invited to make presentations on pertinent subjects. There were eight main topics discussed: methodology of fee schedule revision; indices, incomes and fee schedule revision; methods of dealing with high earners; the unit value concept in fee schedules; negotiating techniques, uniform nomenclature; the proposed federal government formulae for health care financing; lifetime earning studies of DNHW.

Council on Medical Education

In keeping with the authority vested in it by General Council, the Council on Medical Education ratified changes in the bases of approval of training programs for those allied health professions whose "committees on approval" are under the administrative aegis of The CMA. The following were ratified:

Radiological technicians

- One student to one qualified technician ratio for both diagnostic and therapy disciplines.
- Clarification of night duty and evening training.
- Survey party may advise on the composition of advisory committees to central schools.
- Delineation of student selection procedures.

Nuclear medicine technicians

- Recognizes Canadian Society of Laboratory Technologists withdrawal from the approval committee.
- Set the educational standards for entrance into the training programs as per the regulations of the Canadian Society of Radiological Technicians.

Respiratory technologists

- The basis of approval of training programs for respiratory technologists was recognized as an interim working document.

Dr. Gingras chosen for 1972 Royal Bank Award

CMA President-Elect Dr. Gustave Gingras has been chosen recipient of the 1972 Royal Bank Award for his work with the handicapped. Executive Director of the Rehabilitation Institute of Montreal, he has also made extensive contributions in his field in places as far apart as South America, Asia and Africa.

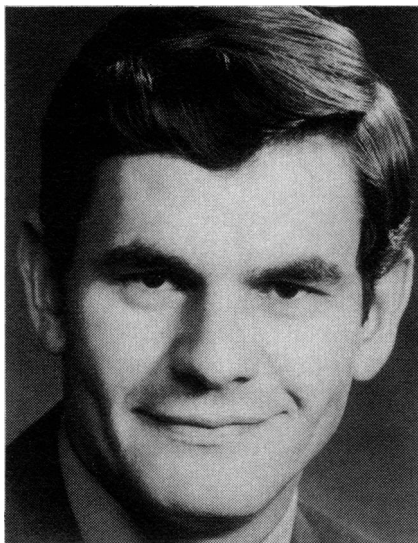
Dr. Roger Gaudry, Rector of the University of Montreal and a member of the selection committee for the \$50,000 award, said in his announcement: "Dr. Gingras' outstanding efforts have provided hope for many thousands of people whose broken or malformed bodies threatened to condemn them to lives of helpless dependence and pitying stares.

"Due to his expertise, his constant encouragement, good humour and optimism, many of these people now lead comparatively normal lives."

Dr. Gingras is the fifth recipient of the award which was established in centennial year. First person to receive the honour was Dr. Wilder Penfield in 1967.

Dr. R. F. Clark appointed AMA Executive Director

The Board of Directors of the Alberta Medical Association has an-



Dr. R. F. Clark

nounced the appointment of Dr. Robert F. Clark, Edmonton, as Executive Director of the Association, effective April 1. He succeeds Dr. Robert Woolstencroft who retains the position of Registrar, College of Physicians and Surgeons of Alberta.

Dr. Clark, a 1957 graduate at the faculty of medicine, University of Alberta, joined the AMA and College of Physicians and Surgeons of Alberta in 1967 as Executive Secretary and Deputy Registrar respectively. He relinquished his position with the College on March 31.

Methadone committee

The CMA has chosen its two appointees to the Methadone Advisory Committee of the Department of National Health and Welfare. They are Dr. M. A. Baltzan, Saskatoon, and Dr. C. J. Schwartz, Vancouver.

FORTHCOMING MEETINGS

CANADA

CANADIAN MEDICAL ASSOCIATION ANNUAL MEETING Queen Elizabeth Hotel, Montreal, Quebec. June 12-17, 1972. Information: Mr. D. A. Geekie, Director of Communications, 1867 Alta Vista Drive, Ottawa, Ontario.

ANNUAL MEETING MANITOBA MEDICAL ASSOCIATION. Winnipeg. May 5-6. Information: Mr. R. P. H. Sprague, Exec. Vice-Pres. M.M.A., 201 Kennedy St., 2nd Floor, Winnipeg 1, Manitoba.

ANNUAL MEETING ONTARIO MEDICAL ASSOCIATION. Toronto. May 8-12. Information: Dr. Glenn Sawyer, O.M.A., 244 St. George St., Toronto 5, Ont.

14th ANNUAL MEETING OF THE HEALTH SCIENCES COMMUNICATIONS ASSOCIATION. Inn-On-The-Park, Toronto, Ontario. May 10, 1972. Information: Bruce P. Squires, Department of Physiology, The University of Western Ontario, London 72, Canada.

ANNUAL RESEARCH MEETING AND CLINICAL DAY. Toronto. May 11, 12, 1972. Information: Department of Ophthalmology, 1 Spadina Crescent, Toronto 179, Ontario.

ANNUAL MEETING CANADIAN DERMATOLOGICAL ASSOCIATION. Montreal. May 14-18. Information: Dr. Robert Jackson, 3100 O'Connor St., Ottawa 4, Ont.

ANNUAL MEETING CANADIAN ASSOCIATION OF MEDICAL CLINICS. Hamilton. May 18-20. Information: Dr. J. D. Manes, Box 5174, Postal Station "A", Calgary 9, Alta.

ANNUAL MEETING CANADIAN SOCIETY OF PLASTIC SURGEONS. Victoria, B.C. May 24-27. Information: Dr. J. E. Doray, Secretary, 12245 Grenet, Suite 209, Montreal 390, P.Q.

ANNUAL MEETING B.C. MEDICAL ASSOCIATION. Penticton, B.C. May 24-27. Information: Dr. E. C. McCoy, Executive Director, B.C.M.A., Academy of Medicine Bldg., 1807 West 10th Ave., Vancouver, B.C.

7th ANNUAL CONFERENCE OF AMERICAN ASSOCIATION FOR CHILD CARE IN HOSPITALS. Hotel Bonaventure, Montreal, Quebec. May 24-27, 1972. Information: Mrs. Carolyn K. Keleny, AACCH Conference Chairman, Montreal Children's Hospital, 2300 Tupper Street, Montreal 108, Quebec.

ANNUAL MEETING CANADIAN VIROLOGICAL ASSOCIATION. Montreal. May 28-29. Information: Dr. A. H. Irvine, Secretary, 1105 Carling Ave., Ste. 207, Ottawa 3, Ont.